

Presidio of San Francisco, Letterman General
Hospital, Building 12
(Ward K, Ward R-1 and Bakery, Building 1049)
Edie Road, Letterman Hospital Complex
Golden Gate National Recreation Area
San Francisco
San Francisco County
California

HABS No. CA-2634

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**Historic American Buildings Survey
National Park Service
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San Francisco, California 94107**

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ASSOCIATES

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6 August 1996

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HISTORIC AMERICAN BUILDINGS SURVEY

PRESIDIO OF SAN FRANCISCO, LETTERMAN GENERAL HOSPITAL, BLDG. 12
(Ward K) (Ward R-1 and Bakery)
(Building 1049)

HABS
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38-SANFRA,
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HABS No. CA-2634

Location: Building 1049 is located on the northeast corner of the Main Hospital, Letterman Army Medical Center; Presidio of San Francisco; Golden Gate National Recreation Area; City and County of San Francisco, California.

U.S.G.S. San Francisco North Quadrangle (7.5), Universal Transverse Mercator Coordinates: 10. 548 390. 4183 715

Present Owner: Department of the Interior, National Park Service
Washington, D.C.

Present Occupant: Last occupant Letterman Army Medical Center; vacant since 1993.

Present Use: To be demolished.

Significance: Building 1049 is significant as an element built in conformance with the 1899 pavilion plan of Letterman Hospital and as a rare and exemplary surviving example of a ward pavilion in the United States. Originally with a bakery downstairs and ward upstairs, it is an unusual example of a mixed-use building whose orderly, symmetrical external appearance belies its diverse functions. Historically, building 1049 is significant as part of the build-up of Letterman Hospital in World War I. In the context of the hospital as a whole, it is associated with Letterman's leading role as an Army hospital in the United States in World War I, between the wars, and during and after World War II. Building 1049 is a contributing structure to the Presidio of San Francisco National Historic Landmark district.

PART I. HISTORICAL INFORMATION

A. Physical History

1. Date of erection: Building 1049 was built according to plans dated May 1917 for "Ward K, Letterman General Hospital, Presidio of San Francisco." According to Quartermaster Corps Form 117, it was completed October 1, 1917.
2. Architect: Plans for the building were prepared by the Office of the Construction Quartermaster ("Office Const. Q.M.") in San Francisco, and were approved by Ira S. Fredendall (signature not clear), Major U.S.A. Retired, A.Q.M. The siting of the building near the northeast corner of the main hospital quadrangle followed the original pavilion plan for the hospital complex prepared by architect W. H. Wilcox of San Francisco. A building is shown at this site without any labeling or description on a 1903 plan for the hospital. This is the earliest surviving drawing of the original plan of 1899.
3. Original and subsequent owners, occupants, uses: Building 1049 was owned by the U.S. Army from the time of its construction until its transfer to the National Park Service in 1994. During the Army's ownership it was always part of Letterman Hospital under the names U.S. Army General Hospital (until November 1911), Letterman General Hospital (until June 30, 1950), Letterman Army Hospital (July 1, 1950 to May 1968), and Letterman Army Medical Center (May 1968 to its closing in October 1994).

As built, it was designated building 12, and housed Ward K upstairs and the hospital bakery downstairs. Sometime between 1919 and 1937, Ward K was redesignated Ward R-1. Between June 30 and December 1, 1944, the building was redesignated building 1049. In 1945, the bakery was converted to a clinic. In 1955, the was also converted to a clinic. From 1955 to sometime after 1963, the upper floor served as the EKG cardiology clinic. Later, it was occupied by the veterinary department administration. The floor was damaged by water in 1979, and has been closed since that time. The old bakery space was used as Information Management (IMO) storage until it was closed in 1993.

4. Builder, contractor, suppliers: unknown.
5. Original plans and construction: The original cost of building 1049 is uncertain. On War Department QMC Form 117 (revised 1924), the total cost of the building is shown as \$12,710.00. This figure appears to include the original cost and the costs of repairs and alterations since its original construction. It is not known when this form was filled out (with the \$12,710.00 cost figure), but because it was after 1924, the cost shown must include both the original cost in 1917 and repair costs for at least the years 1918 to 1924.

As built, building 1049 was a two-story reinforced concrete structure with stucco walls and a red-tiled hip roof. It was rectangular in plan, measuring 25 feet × 78 feet, 4 inches. Like most wards and other units of the pavilion plan hospital, it was built with one end joined to an elevated and enclosed veranda that was part of a system linking the hospital together. The south wall of building 1049 formed a portion of the north wall of the veranda and its basement. The principal entrance to the upstairs ward was through a door in the south wall from the veranda. The downstairs bakery, which was not linked internally to the second floor, was entered through a double door on the west side and a single door at the north end. An exterior stair on the west side provided access to the veranda.

As shown in original plans and in a photograph attached to QMC Form 117 (ca. 1924), building 1049 was characterized by seven bays of windows on its long sides, and three bays on its north end. Ground floor windows were double-hung; second floor windows were double-hung with transoms above. Each window opening was unframed except for a concrete sill. On the west side, a chimney projected from the wall of the building. On the roof ridge were two round metal ventilators. The original drawings showed gutters at the eaves. The 1924 photograph showed metal downspouts.

With its smooth stucco walls and red-tiled hip roof, the appearance of the building was compatible with the more explicitly Spanish Colonial Revival Style concrete buildings which were built at Letterman after the Panama Pacific International Exhibition (PPIE) in 1915 and which would dominate the complex

in a few years. These were different from the wood frame buildings with classical details that characterized the earlier periods of construction at Letterman.

When it opened, the ground floor was a bakery. There were two small rooms at the south end (a flour room and a bread room) and a vacuum cleaner room at the northeast corner, enclosed by hollow tile partitions. The rest of the floor was an open bakery room with a 14-inch-deep pit at the north end for an oil burner and a large oven adjacent to the oil burner so that the two flues of the chimney served each. An interior row of concrete columns was placed off-center, toward the east wall, to accommodate the large size of the oven. Ceilings on this level were 11 feet high.

Upstairs in both plan and detail, the ward was a classic example of the type of patient care building developed on scientific principles in the late 18th century and commonly built until the mid-20th century. It consisted of a large central open space for 20 beds, with enclosed spaces at either end for services. At the south (entrance) end was a wardmaster's room and a diet kitchen on either side of a central hall. In the wardmaster's room was a signal call system apparatus, and in the kitchen was a sink, range, toaster, a steam table, refrigerator, and shelves. At the north end were toilets, a shower, and a bath room. The main central space was characterized by high (14-foot) ceilings, windows with transoms, and steam radiators between each bed, and ceiling registers—all for circulation of fresh air and to provide appropriate light and heat for a healthy environment. For ease of cleaning, surfaces were smooth and impervious, and corners were curved, notably in the floor and ceiling corners and window sills.

6. Alterations and Additions: As recorded on QMC Form 117, there were repairs and alterations to building 1049 every year from 1922 to 1932, 1934 to 1938, and 1940 to 1942. None of these changed the original exterior appearance of the building or the fundamental uses of the two floors. In 1930, the exterior walls were repaired and plastered. The second floor was very little altered in those years, with only minor additions or modifications of equipment, such as installation of a bed pan sterilizer and removal of a dental basin in 1937.

In the same years there were numerous changes of equipment in the bakery. In 1926, a fuel-oil bake oven, a proof box, and an electric dough mixing machine were installed; in 1929, two Webster gas burners were installed in the bake oven; in 1937, the bake oven and oil burner were removed and replaced and a water closet was installed in the northwest corner; and in 1942, a flour sifter and other equipment were installed.

In 1945, the bakery was closed and the first floor completely remodeled for use as a clinic. All existing partitions were removed and the oven, oil burner, and other equipment were taken out. New partitions at the south end created an undressing room, a shower room, and a dressing room. The rest of the floor was designated a waiting and processing room with 11 rows of benches.

In December 1955, plans were prepared by the Post Engineer's Office for converting the second floor into an EKG cardiology clinic. Partitions were installed in the central open space, creating several small cubicles, some with acoustical tile ceilings. These were built so that there was about two feet of space between the tops of the new cubicles and the original ceiling. The toilet area was modified and a room at the northeast corner was designated the fluoroscopic room.

In December 1959, plans were made to install fluorescent light fixtures throughout and to reglaze the first floor windows in obscure glass.

In November 1963, plans were made for changes to the second floor EKG cardiology clinic including modification of partitions. Little appeared to have changed when existing conditions plans were drawn in 1971. In 1979, water damaged finishes and carpets, the space was closed, and never repaired.

B. Historical Context

With American occupation of the Presidio beginning in 1847, an existing adobe building built by the Spanish prior to 1821 on the north side of the quadrangle served as a hospital. In 1957, a new, small wooden structure was built on the west side of the quadrangle for a hospital. During the Civil War a much more substantial hospital,

Wright Hospital¹, was built, and completed in 1864, facing the parade ground. Today known as building 2, this is the oldest building at the Presidio, and is now occupied by the Presidio Army Museum. It is a rare surviving hospital building in the United States from the mid-19th century. As a hospital building it was a transitional type, with both traditional elements and elements reflecting a new scientific approach to hospital design. It was open to light and air with its verandas, in response to an emerging understanding of germs and disease and a belief in the beneficial effects of natural light and fresh air. At the same time it was a traditional hospital building, in the image of its patron (in this case, it looked like other military buildings), and with all its functions housed close together (the morgue, surgical rooms, and patients with all diseases were housed in the same building) where infections could easily spread.

When Wright Hospital was begun, the very first modern hospitals in American built on a scientific basis were just built or under construction. There were pavilion plan hospitals, based on a proposal by the French Academy of Sciences in 1788, but not built until much later. The first pavilion plan hospital actually built was the Hôpital Lariboisière in Paris in 1846-54. Florence Nightingale's experience in the Crimean War led her to advocate pavilion plan hospitals, and during the American Civil War, several military and civilian pavilion plan hospitals were built or planned. The pavilion plan involved both planning and building design. The overall plan was for parallel rows of one- or two-story pavilions which would be open to light and air. The basic pavilion was a ward where patients with particular problems or diseases could be kept together, to prevent the spread of germs. Each pavilion would be furnished inside with smooth impervious materials, devoid of unnecessary ornament for ease of cleaning. Great attention would be paid to ventilation systems.

Although changing technology resulted in some modifications, the pavilion plan was widely adopted after the completion of Johns Hopkins Hospital in 1885, and continued to be widely built through the 1940s.² Today, very few of these pavilion type hospitals remain, although occasionally an isolated pavilion can be found.³

During the Spanish American War, a troop hospital was established at the Presidio of San Francisco, first in tents called Camp Merritt, and later in converted brick barracks on Montgomery Street. At the end of the war, with troops stationed in the Philippines, a new hospital was established at the Presidio. This would be the first permanent general

hospital built by the Army (and originally called U.S. Army General Hospital) to operate in peacetime as well as war.⁴ The new hospital was later (1911) named for Jonathan Letterman, medical director of the U.S. Army during the Civil War, and an advocate of the pavilion plan when it was first adopted.⁵

The new hospital was designed in the pavilion plan by W. H. Wilcox, a San Francisco architect, and its first phase completed in June 1899. As seen in a 1903 plan, the new hospital consisted primarily of rectangular wards built of wood in rows around a central quadrangle. At first, 10 wards (named A through J), an administration building, staff quarters, and support buildings were constructed.⁶ Like most pavilion plan hospitals, the design effort was largely directed toward adherence to scientific principles, and little towards style or ornament. Classical details on porches and linking verandas were the principal ornamental features. In 1900, the *Oakland Monthly* called Letterman the largest hospital in the United States.⁷

After a fire destroyed several wards in 1901, new buildings were added, and in 1904, an operating pavilion was built at the center of the quadrangle.⁸ The 1903 plan designated the planned operating pavilion, and in addition to the 10 wards on the east and west sides of the quad, showed two rectangular structures on the north side, at the east and west ends. It is not known whether these two buildings were in place or still proposed. The eastern of these two buildings was on the site where building 1049 would later be built. Another plan in 1915 indicated a structure on the site called Ward K in building 12 (K is the 11th letter of the alphabet, indicating the first ward built after the original 10). Later the Annual Report of the hospital for 1917, the year building 1049 was built, showed that buildings costing \$10,917.00 over their lifespan were demolished in that year. From this it seems likely that a wood structure housing Ward K was in place at the site of building 1049 by 1915 and perhaps by 1903.

Just before World War 1, the pattern of incremental additions of wood buildings with some classical details to the original Letterman complex was succeeded by a new pattern. The largest building campaign since the initial construction of the hospital added pavilions to the pavilion plan, but these were reinforced concrete buildings in the Spanish Colonial Revival style, with stucco walls and tile roofs. Buildings 1006, 1049, 1050, 1059, and 1060 all survive from this period.

In May 1917, plans were prepared by the Office of the Construction Quartermaster in San Francisco for a new reinforced concrete Building 12 which would have a bakery downstairs and Ward K upstairs. Whereas previous wards at Letterman were one-story buildings, this would still be a one-story ward, linked to all the others by the system of verandas. The downstairs bakery was built to serve Letterman. Perhaps a combined bakery and ward were considered to have compatible requirements for a sanitary environment.

During World War I, Letterman was doubled in size, largely through the construction of East Hospital (as distinct from the original Main Hospital) including nineteen 40-man wards. The hospital was designated a specialty center for orthopedic, venereal and neuropsychiatric patients. In 1918, an Army School of Nursing was established. After the war, in 1924 the first of several medical intern training programs was begun.

During World War II, Letterman was designated Port of Embarkation Hospital, General Hospital, and Evacuation Hospital. It was the principal hospital for soldiers in the Pacific. Letterman trained enlisted men for work in the field and in other hospitals in medical, surgical, x-ray, dental, laboratory, and pharmacy work. Redesignated Ward R-1 in the late 1930s, the former Ward K in Building 1049 continued as a ward. The bakery operation was described in *The Fog Horn* in 1943.⁹ The bakery was closed and converted for use as a clinic according to plans prepared in late 1944.

After World War II, the former bakery space functioned as a clinic and later as storage space. In 1955, the ward was closed and the space remodeled for a cardiology clinic.

PART II. ARCHITECTURAL INFORMATION

A. General Statement

1. Architectural Character: Building 1049 is of architectural interest in two ways: as a pavilion in a pavilion plan hospital with characteristic features of the associated scientific approach to hospital design; and as a supporting element of an ensemble which is dominated by features of the Spanish Colonial Revival Style.

2. Condition of fabric: In annual assessments from 1938 to 1941, the Record of Equipment and Condition of Buildings for Letterman General Hospital classified this building as in good condition (most buildings were good; several were excellent). In 1979, the second story suffered severe water damage and was closed. It has not been repaired and has deteriorated both from water damage and lack of maintenance.

B. Description of Exterior

1. Overall dimensions: This is a two-story, rectangular building measuring 25 feet by 78 feet, 4 inches. There are seven bays on the sides and three on the north end. The principal entrances are through the south end at the second floor and on the west side at the first floor.
2. Foundations: Exterior walls and an interior row of columns rest on concrete footings measuring 3 feet by 2 feet, 6 inches in plan, and 10 inches high.
3. Walls: The concrete walls of this building are stuccoed with a smooth cement finish outside. The only projections on the wall surface are window sills.
4. Structural systems, framing: This is a reinforced concrete structure of standard design for its period, with 12-inch walls and an interior row of 12-inch-square columns on the ground floor. Steel reinforcing in the walls consists of a one-foot grid of reinforcing bars near the inner and outer surfaces. The columns are reinforced by 3/4-inch vertical bars in the corners, tied laterally. The second floor is a reinforced concrete slab resting on the outer walls and a steel encased I-beam carried by the interior columns. Reinforcing in the slab is a 6-inch grid of 3/8-inch bars near the bottom surface, and bars above the grid which are bent so that they are near the top of the beam at either end and closer to the bottom in the middle.

The roof is supported by simple wood trusses which free the second floor of columns. Each truss consists of a 2- by 6-inch bottom chord, a 1- by 6-inch king post, 1- by 4-inch angle braces, and 2- by 8-inch rafters.

5. Verandas and stairs: Building 1049 is linked to the rest of the hospital by raised and enclosed verandas. It is at the intersection of a long north-south veranda and a fragment of an east-west veranda. The north-south veranda, almost on axis with this building, connects it to buildings 1007, 1008, 1009, and 1014 where it meets another transverse veranda. The east-west veranda links this building to building 1006, its neighbor on the east. All of its former neighbors on the west have been demolished and the veranda extends only five bays west of building 1049.

Building 1049 forms a part of the north wall of the east-west veranda, and opens to it at the second floor. There is no connection on the first floor. The veranda is a wood frame structure raised on a series of timber bents. The public corridor is above, the area below is used as a utility space. At building 1049, there is a boiler, sinks, electronic switch boxes, a tool shop and storage area, and various utility lines (including electricity, water, sprinkler, and steam). This lower area is enclosed by an exterior wood lattice and an intermittent interior wall. Upstairs, the walls of the veranda consist of a column order with paneled wainscoting and oversized double-hung windows. The floors are covered in linoleum; there is a shed roof.

These features are referred to as verandas on plans of Letterman Hospital prepared in 1903 and 1915; and on QMC 117 Forms printed in 1924 and kept current until 1942. A handwritten note on the form calls them enclosed walks. Plans of the hospital prepared in 1957 and afterwards refer to them as corridors.

An exterior concrete stairway to the veranda on the west side of the building is the only link between the ground level and the second floor of the building.

6. Chimneys: Near the north end of the west side, there is a chimney on the outside wall measuring roughly 1-1/2 by 3-1/2 feet. This contains two flues, one designated "SF" and a smaller one designated "V" on the original plans. This difference in flue size is expressed in an L-plan. There is a slight concrete molding just below the top of the cornice. At the base there are two small metal doors for cleaning each flue.

7. Openings:

- a. Doorways and doors: The second floor is entered only through a doorway at the south end of the building from the veranda. The original door has been replaced with a windowless wood door built of vertical planks. The principal entry to the ground floor is a double doorway located in the fourth of seven bays from the north end. Although original plans showed this doorway in the third bay, it was built in the fourth bay. The original paneled doors have been replaced by vertical plank doors. Between 1945 and 1971 a window in the fifth bay was removed, the opening was enlarged, and a door was installed. A second original doorway remains in the westernmost bay of the north end. The paneled door is original but is boarded up. The hardware in this door is of standard cut and pressed metal manufacture.
- b. Windows: Double-hung windows on the ground floor are generally paired with double-hung windows and transoms on the second floor, so that the three outside facades of the building are characterized by rows of bays consisting of a window on each floor. There are seven bays on the east and west long facades, and three bays on the north facade. Each double-hung window consists of one-over-one sash. Second floor transoms are hinged on the sides. There are original screens on the ground floor windows. Original clear glass in the far north bays of the ground floor windows was replaced with obscure glass in 1959. Electric fans have replaced this glass in two windows. There are iron security bars over the ground floor windows.

8. Roof

- a. Shape, covering: Building 1049 has a hip roof covered in red tile.
- b. Eaves: The roof overhangs, the walls of the building on projecting rafter ends. There is a 6-inch gutter around the edges of the roof with galvanized metal downspouts.

- c. Vents: There are two original circular 30-inch metal ventilators on the ridge of the roof.

C. Description of Interior

1. Floor plans: Today, the ground floor is organized in two suites that do not connect inside. At the south end are two rooms and a small space that once was a passageway, all used for storage. At the north end there are two rooms, another former passageway and a small toilet room.
2. Stairways: There is no interior stairway or other circulation. The only stairway is on the outside, described above in Section B.5 (Verandas and stairs).
3. Flooring: Ground-level floors are red concrete with metal drains in the large central bakery space. Scars are visible on the floor where concrete footings and steel anchors, formerly used as the bases for baking equipment, have been removed. The floor in the room at the north end has been covered in linoleum tile.

Second-level floors are covered in linoleum tile and bright green carpets, with white ceramic hexagonal tiles in the bathroom. The linoleum and carpets are laid over the original maple flooring.

4. Wall and ceiling finish: On the ground floor, perimeter walls of the building and the ceilings are plaster; partitions are gypsum board or thin manufactured wallboard. All are green in color.

On the second floor, the walls and ceilings of the original perimeter walls of the building are plaster, with a hard, smooth finish. There is a seamless cover between the wall and the ceiling, and the baseboard is covered, both for ease of cleaning. The walls are without other moldings or projections. Partitions which have been rebuilt or added are of gypsum board. Because these alterations occurred for a clinic, after use of the space as a ward had ended, chair rails and the new baseboards were standard in design with right angle corners. Wall and ceiling surfaces are predominantly beige in color. In the partitioned clinic rooms,

some wall areas and ceilings are clad in acoustical tile. In the toilet area, the southwest corner walls were gray marble, and the rest of the walls were glazed white tile.

5. Openings:

- a. Doorways and doors: On the ground floor, there are two interior doors, both standard paneled doors, installed in 1937 and after 1945.

On the second floor, there are no original doors. All are hollow core doors that appear to date from the 1960s or 1970s. One original doorway remains intact, a high rectangular opening between the central entrance hall at the south end and the large central space where the ward had been. The upper part of this opening is ornamented with a corbeled frame. The corbel at the base of each side is a smooth, open, curved block. The frame above has rounded corners. This is the only decorative feature of the original second floor ward, but like the rest of the ward, it was designed with smooth, rounded, easily cleaned surfaces.

- b. Windows: On the ground floor, the windows were built without interior trim. Sometime after 1945, wood valances were built around the windows of the large central room. For each valance, the edges facing the window were ornamented with a curvilinear pattern cut with a jigsaw. The replacement of clear original glass with obscure glass in 1959 blocked views through the windows but enhanced the amount of light in the room.

On the second floor, all windows were originally built without any interior decoration. The window sill for each had rounded corners for easy cleaning. The transom above each window brought in additional light.

6. Decorative features and trim: The few decorative features of the interior of this building are described in association with other features above in Sections 4 (Wall and ceiling finish), 5a (Doorways and doors), and 5b (Windows). In addition, at the north end of the original ward space on the second floor, now partitioned as a small room, there are simple built-in cabinets. On the original plans, a linen

closet was designated for this area with four doors and eight shelves. This appears to have been modified.

7. Hardware: Most interior hardware appears to date from the 1960s to 1970s. A few earlier pieces survive. On the ground floor, there is a cut glass knob on the door to the 1937 water closet and there is a pressed metal knob on the door between the north and central rooms, and there are metal knobs on the double doors to the outside.

8. Mechanical equipment:

- a. Heating, ventilation: Heating for the building is from steam supplied by a central steam plant to radiators. On the ground floor, there is a steam radiator suspended from the ceiling (ca. 1917 to 1938) in the central room, and a Carrier steam radiator with an electric fan suspended from the ceiling in the north room. Two sets of pipes serving the radiators are suspended from the ceiling. There are two electric window fans on the east side of the building in the central room.

On the second floor there are nine American Radiators (of 15 original), served by pipes through the floor. Heating and ventilation on this floor were a fundamental consideration in the original design of the ward. In addition to a radiator under almost every window, the system included the operable windows and transoms on three sides of the floor, and two ceiling vents. There is a decorative round metal register at the opening of the vent in the plane of the ceiling. This leads through a duct to circular ventilating fans on the ridge of the roof.

- b. Lighting: Both floors are lit by a combination of incandescent and fluorescent lights. From the appearance of the visible wiring, all new wiring was installed when the fluorescent lights were put in (1959), or after that time.

Several hanging fixtures on the second floor survive, but except for one between the fifth and sixth windows from the north, the globes are broken

on all of them. These fixtures are identified as Type ES (pendant type) Army Standard Drawing No. 40-06-04, in plans of the building prepared in December 1955. Although they appear much older in style, they were still standard equipment in 1955.

5. Plumbing: In addition to steam pipes, there are sprinkler pipes, stand pipes, water pipes, gas pipes, and sewer pipes visible along the ceiling of the ground floor. The water closet on the ground floor was installed in 1937. Sinks and faucets in the north room were installed after 1945.

On the second floor, there were originally plumbing fixtures in the diet kitchen at the southwest corner (all removed), and in the toilet area at the north end, including toilets, sinks, a bathtub, and shower. Today, one toilet and one urinal are in the same location as the earlier toilets, but the fixtures themselves do not appear to be original.

9. Original furnishings: No original furnishings survive, but there are numerous remnants of broken furniture and other furnishings installed after 1945. The least damaged furnishings remaining are cabinets and counters in the north room of the ground floor.

D. Site

1. General setting and orientation: Building 1049 is oriented generally north-south with its south wall abutting an east-west veranda, and its other three sides free standing to increase light and air in the ward. It is on a site sloping gently to the north. Pedestrian access has always been primarily from the south through the network of verandas. Vehicular access (including bakery service vehicles) has always been via an unnamed street perpendicular to the building at its north end to double doors on the west side. The west side of the building today is an asphalt parking area. On the east side is a lawn with shrubs and trees. Open gutters around the perimeter of the building for surface drainage are brick with a concrete surface.

2. Historic landscape design: Landscape design was a fundamental element of pavilion plan hospitals. Access to light and air from the wards in buildings no more than two stories high was thought to have scientifically beneficial effects, green plants around the wards helped produce healthy air, and the view of green plants was also considered to be therapeutic. In San Francisco's foggy climate, this meant minimal planting of shade trees around the wards. A 1915 plan of Letterman showed curvilinear sidewalks inside the quadrangle and new concrete curbs and gutters proposed for the street on the north side of building 1049. A 1926 aerial photograph of the hospital complex showed low planting throughout.¹⁰ In the 1940s, articles in *The Fog Horn*¹¹ called attention to recent efforts to improve the landscaping. In 1957, the hospital issued a report on landscaping.¹² Except for the lawns and low shrubs, the palm trees which characterize the area around building 1049 appear to have been planted after this report.
3. Outbuildings: See discussion in Section B.5 about verandas.

ENDNOTES

1. Erwin N. Thompson. *Defender of the Gate: The Presidio of San Francisco, A History 1946-1994*. Draft manuscript at Presidio Museum, 1994. p. 424; and Paul Alley and Leo R. Barker, Gordon Chappell, Carey Feierabend, John P. Langellier, David Quitevis, and Sally A. Dean. "Presidio of San Francisco National Historic Landmark District," National Register of Historic Places Registration Form. Submitted October 16, 1992, p. 7-66 to 7-67.
2. Robert Brueggemann, "Architecture of the Hospital 1770-1870, Design and Technology," Ph.D. dissertation: Philadelphia, University of Pennsylvania, 1976, p. 113-115.
3. John D. Thompson, "Hospitals." *Built in the U.S.A.* Washington, D.C.: The Preservation Press, 1985, p. 91.
4. Stephen A. Haller, *Letterman Hospital, "Work for the Sake of Mankind."* National Park Service, 1994, pp. 3, 6.
5. E. N. Thompson, p. 433.
6. Erwin N. Thompson and Sally D. Woodbridge. *Special History Study, Presidio of San Francisco*, National Park Service, 1992, pp. 135-136.

7. Paul Pinckney, "Our Longest Army Hospital," *Overland Monthly* 36 (July-December 1900), pp. 489-490.
8. E. N. Thompson, p. 426.
9. *The Fog Horn*, vol. 2. "These Young Men Are Always in the Dough and Like It." June 30, 1943, p. 2.
10. Haller, p. 11.
11. *The Fog Horn*, vols. 1 and 2, noted in passing.
12. Thompson and Woodbridge, p. 142.

PART III. SOURCES OF INFORMATION

A. Architectural Drawings, Maps and Plans

Facilities Engineering Dept, Presidio of San Francisco. "Building No. T-1049/Clinic," 2 sheets floor plans. January 19 and March 9, 1971. On file at ARC, file #ADPWEMR-3 B-2, folder T-1049.

Letterman General Hospital. "Ground Plan, U.S. General Hospital, Presidio, S.F., Cal." Scale 1"=50'. ca. 1903. Illustration in Erwin N. Thompson's *Defender of the Gate: The Presidio of San Francisco, A History 1946-1994*. Draft manuscript at the Presidio Museum, 1994.

National Park Service. "Letterman General Hospital, World War I, 1918." Map 6 prepared by NPS from historic sources. Scale 1"=100'. Illustration in Erwin N. Thompson's *Defender of the Gate: The Presidio of San Francisco, A History 1946-1994*. Draft manuscript at the Presidio Museum, 1994.

Office of Construction Quartermaster, San Francisco. "Map of the Presidio of San Francisco in two sheets showing Water and Fuel Oil Distributing Systems." August 1912. On file at Army Records Center, Historic Map Drawer.

Office of Construction Quartermaster, San Francisco. "Plan of Letterman General Hospital," May 1919. On file at Army Records Center, Historic Map Drawer.

Office of Construction Quartermaster, San Francisco. "Plan of Proposed Improvements on Roads, Walks, Gutters, Curbs, Drains, etc. Letterman General Hospital, Presidio of San Francisco, Cal." Scale 1"=50'. August 1915. On file at Army Records Center, Historic Map Drawer.

Office of Construction Quartermaster, San Francisco. "Ward K, Letterman General Hospital, Presidio of San Francisco," plans (2 sheets). May 1917. On file at Army Record Center, Building Number Series drawer for 1049.

Office of the Post Engineer, Presidio of San Francisco. "Alterations to EKG Cardiology Clinic," November 1963.

Office of the Post Engineer, Presidio of San Francisco. "Alterations to First Floor of Building No. 1049, Letterman Hospital Area, Presidio of San Francisco." Prepared December 6, 1944; Revised March 15, 1945.

Office of the Post Engineer, Presidio of San Francisco. "EKG Cardiology Clinic," Plans for alteration to second floor. December 1955. On file at Army Records Center, Building Number Series drawer for Building No. 1049.

Office of the Post Engineer, Presidio of San Francisco. "Install fluorescent lighting fixtures and Obscure Glass," December 1959.

Office of the Post Engineer, Presidio of San Francisco. "Letterman Army Hospital Area, Resurfacing Roadways and Parking Areas," ca. 1959. On file at Army Record Center, Historic Map Drawer.

B. Historic Views

"Building No. 12." Perspective photographic view southwest attached to War Department Q.M.C. Form 117 in Quartermaster Building Books. Letterman General Hospital, Park Archives. Golden Gate National Recreation Area.

C. Interviews

Finney, John, at Letterman since 1979. Telephone interview with Michael Corbett. May 4, 1995.

Hansen, Richard, NPS; at PSF since 1988. Telephone interview with Michael Corbett. May 4, 1995.

Wier, Major General James, author of earlier histories of Letterman. Telephone interview with Michael Corbett. May 4, 1995.

D. Bibliography

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District," National Register of Historic Places - Registration Form. Submitted October 16, 1992; signed by the Keeper May 25, 1993.

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Thompson, John D. "Hospitals." *Built in the U.S.A.* Washington, D.C.: The Preservation Press, 1985, pp. 90-93, 183.

Weed, Frank W. *The Medical Department of the United States Army in the World War, Military Hospitals in the United States*. Washington: U.S. Government Printing Office, 1923.

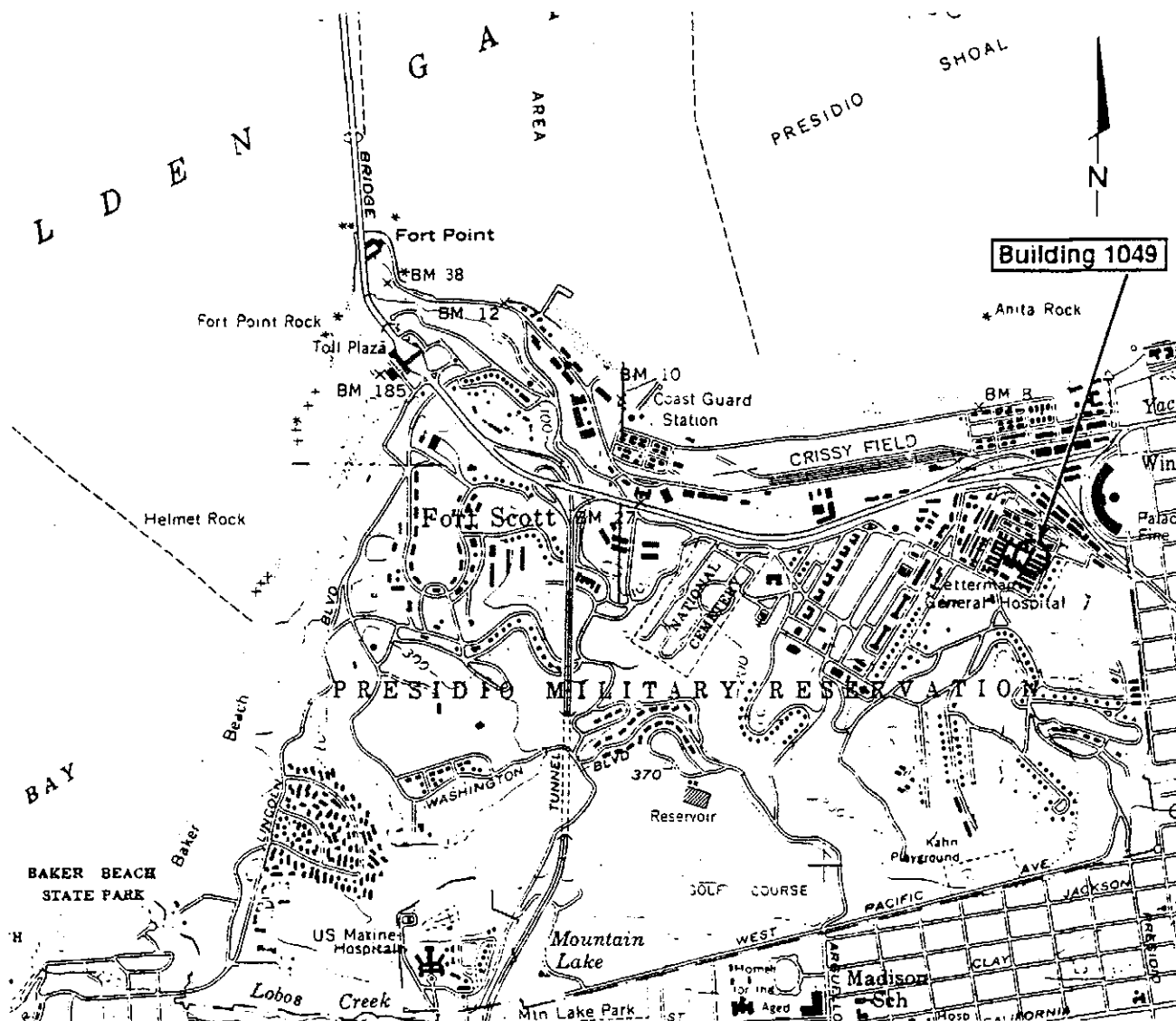
E. Likely sources not yet investigated:

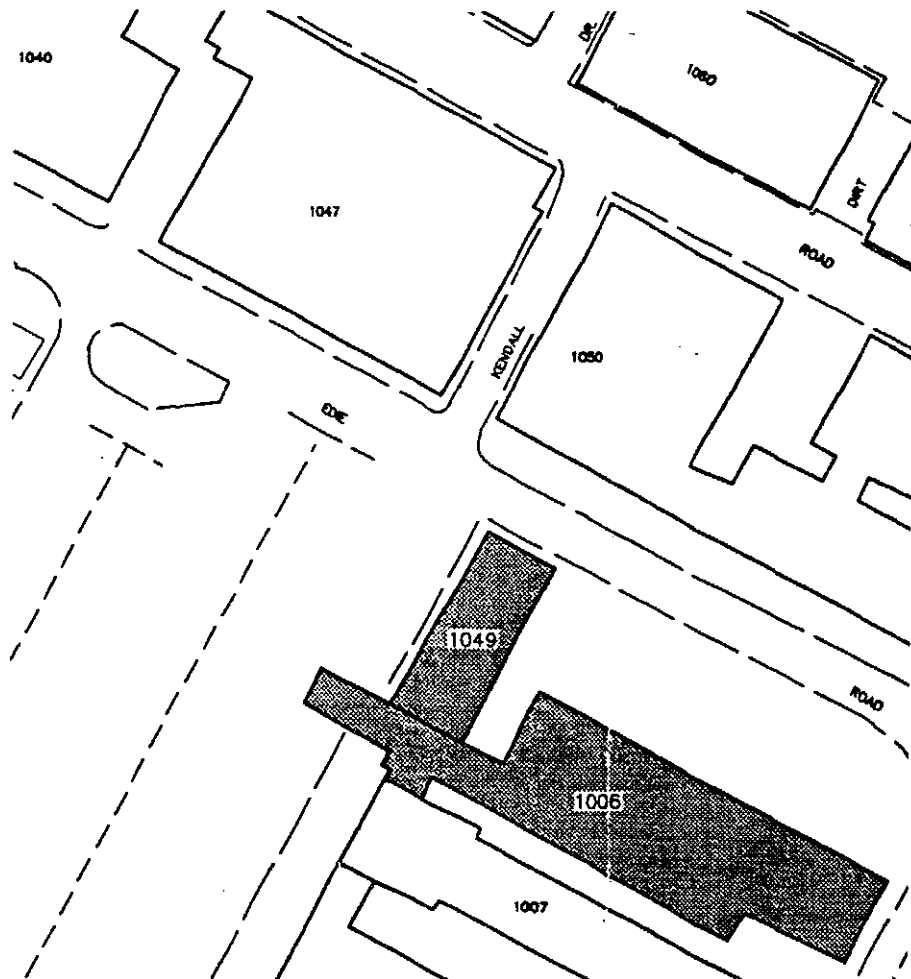
Closer study of *The Fog Horn* would no doubt yield much information on this building during World War II. Review of all Letterman Annual Reports may yield more specific information about specific uses of this building. A search of the *Daily Pacific Builder* for May-June 1917 would probably yield information on construction contracts.

PART IV. PROJECT INFORMATION

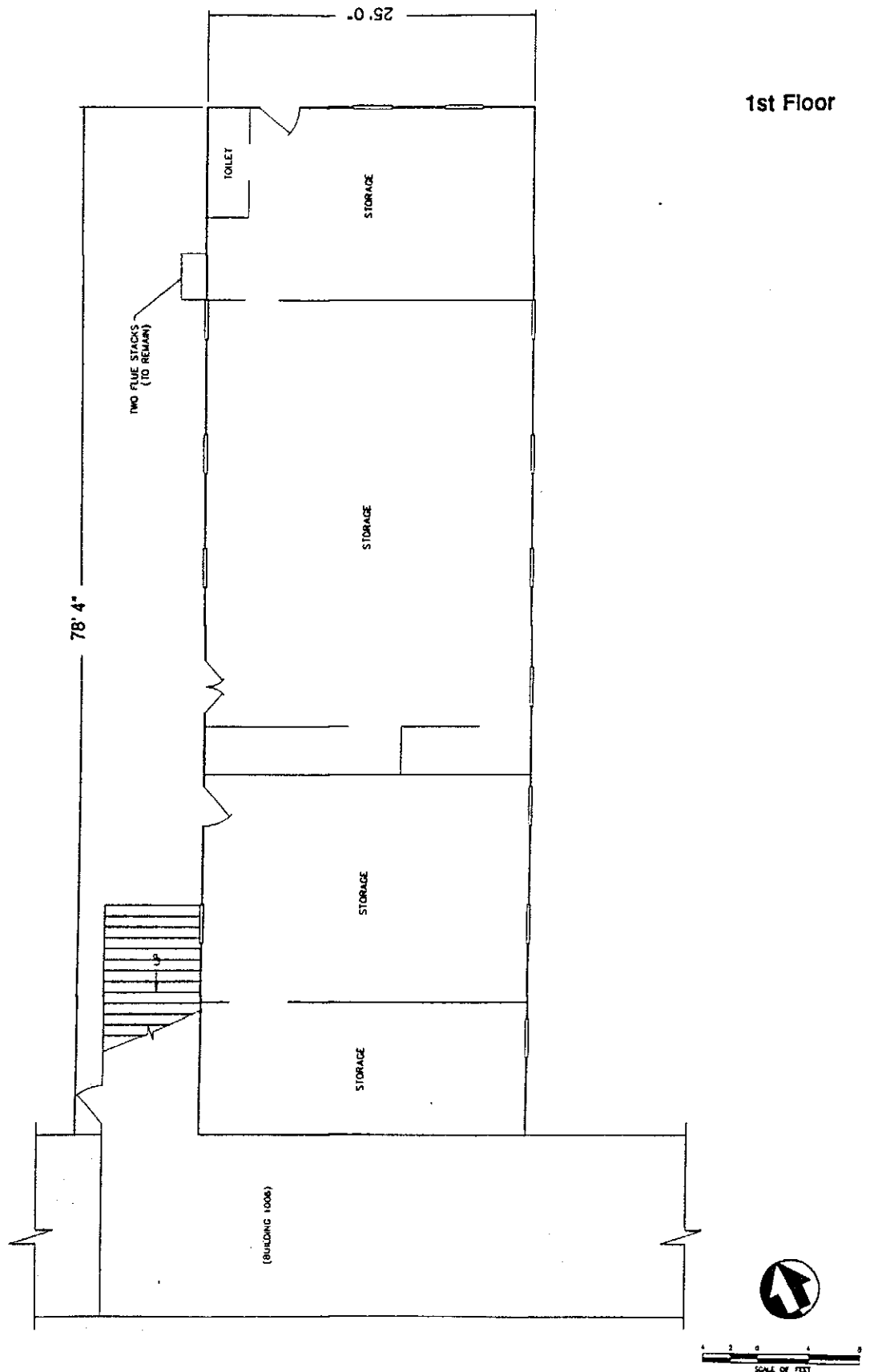
Building 1049 is part of the Letterman Complex Planning Area, as identified in the *Final General Management Plan Amendment* (FGMPA) (July 1994). The demolition of Building 1049 is in accordance with the preferred alternative identified for the Letterman Complex Planning Area in the *FGMPA Environmental Impact Statement* (July 1994). The Programmatic Agreement for the FGMPA Environmental Impact Statement stipulates Historic American Buildings Survey (HABS) documentation as a mitigation measure for the adverse effects resulting from the demolition of Building 1049. This report is part of the HABS documentation and was prepared by Michael R. Corbett, architectural historian, Dames & Moore, San Francisco, in May 1995.

PRESIDIO OF SAN FRANCISCO, LETTERMAN GENERAL HOSPITAL, BLDG. 12
 (Ward K) (Ward R-1 and Bakery)
 (Building 1049)
 HABS No. CA-2634 (Page 2/)





40 20 0 40 80
SCALE OF FEET



2nd Floor

